

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of David Jolly

A. Full Name (Last, First, Middle Initial) Joseph M. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2015	
Mailing Address 1501 E. 2nd Avenue		Transaction ID : C-234-007T08	
City Tampa	State FL	Zip Code 33605	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kimmins Contracting Corp.	Occupation president		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
B. Full Name (Last, First, Middle Initial) Laura J. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2015	
Mailing Address 1501 E. 2nd Avenue		Transaction ID : C-235-00W002	
City Tampa	State FL	Zip Code 33605	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer AGS Health	Occupation nurse		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
C. Full Name (Last, First, Middle Initial) Laura J. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2015	
Mailing Address 1501 E. 2nd Avenue		Transaction ID : C-236-00W003	
City Tampa	State FL	Zip Code 33605	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer AGS Health	Occupation nurse		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
SUBTOTAL of Receipts This Page (optional).....		8100.00	
TOTAL This Period (last page this line number only).....			